

Writer- delete black checkmarks as the content is written and those points are completed.

Editor- delete red checkmarks to confirm that the content has everything needed.

Green checkmark alone means that the item is covered in the content.

No checkmark- Not applicable

PLEASE NOTE: If you see something on the spreadsheet of a task that doesn't fit with the editing checklist as outlined below, please address it with the copy supervisor before proceeding.

- ✓ **Content is GOOD!** Well-written and useful to reader
- ✓ **Headline of article** formatted as Heading 1 (H1 tag)
- ✓ **Sub-headlines** formatted as Heading 2 or 3 (H2 or H3 tag)
- ✓ **Primary keyword** in first headline (title of article)
- ✓ **Primary keyword** in first 100 words of body copy
- ✓ **Primary keyword** in last 100 words of body copy
- ✓ **Keyword Variations** naturally sprinkled randomly through copy where it makes sense
 - KW Proximity- Add 1-3 Exact match keywords in the content at least 100 words apart (much more than that is keyword stuffing-we must avoid that)
- ✓ **Primary keyword** in Meta Title tag
- ✓ **Meta Title Tag** is 50-70 characters, including spaces
- ✓ **Primary keyword** in Alt Image Tag of main image
- ✓ **Primary keyword** in Image Filename of main image
- ✓ **Primary keyword** in Meta Description near the beginning and in a natural way
- ✓ **Meta Description is interesting** and makes you want to read more
- ✓ **Meta Description Tag** 100-150 characters, including spaces.
- ✓ **Primary keyword** in URL
- ✓ **Secondary keyword** in H2 Tag (at least one)
- ✓ **Secondary keywords** included in article and highlighted and listed
- ✓ **Secondary keywords** included in img filenames and Alt img tags of secondary images
- ✓ **Images all have** Alt Image Tags
- ✓ **Images** - if target market is local, have source location of file set to local city in meta data
- ✓ **Images** - if rewrite, images replaced (note any image you used from original article)
- ✓ **Image Filename** - in the proper form describing the image (smiling-man-holding-umbrella)
- ✓ **2-3 external links - blog article only** (authoritative), **not websites**. Relevant anchor text
- ✓ **External links** have been tested
- ✓ **2-3 internal links** are in article or website with relevant anchor text
- ✓ **Structured data** - (If it's not a WordPress site) name, description and brand name or other relevant fields are complete

Primary Keyword: intraocular lens options

URL (include primary keyword): ophthalmicconsultants.com/intraocular-lens-options

Secondary Keywords:

If secondary kws were supplied highlight them in the article to make them easy to find and check, Copy & Paste all keywords in list format below:

what are intraocular lenses

how to source the best intraocular lens

Meta Title: Exploring Intraocular Lens Options: Life After Cataract Surgery

Meta Description: Intraocular lenses are a game changer in ophthalmic healthcare. Let's discuss how to source the best intraocular lens options available in the market.

Structured Data (For NON-wordpress article only. Fill in everything in yellow below):

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Life After Cataract Surgery: Exploring Intraocular Lens Options



URL: https://cdn.pixabay.com/photo/2014/04/11/20/18/eye-321961_960_720.jpg

Alt image tag: Various intraocular lens options

Image filename: intraocular-lens-options

Many people suffer from eye diseases that require surgical intervention. Oftentimes, the natural lenses may require a replacement. Let's discuss the various types of [intraocular lens options](#) available.

What are Intraocular Lenses?



URL:

https://cdn.pixabay.com/photo/2022/09/15/01/05/surgical-equipment-7455447_960_720.jpg

Alt image tag: What are intraocular lenses (IOLs)?

Image filename: what-are-intraocular-lenses-IOLs

Cataract surgery often involves removing the eye's natural lens. Intraocular lenses (IOLs) are medical-grade devices implanted in the eyes as replacements. IOLs are also used in a vision correction surgery called [refractive lens exchange](#).

Before the widespread use of IOLs, once someone removed their cataracts, they wore thick glasses or special contact lenses to see clearly. These interventions were necessary since no devices were implanted in the eyes to replace the focusing ability of the natural lenses.

However, there is a broad range of premium IOLs. The best IOL depends on several factors such as your lifestyle and unique visual needs. Here are some of the premium,

FDA-approved IOLs for use in [cataract surgeries](#). These premium lenses have advanced features beyond the basic single vision version often covered by Medicare and other health insurance.

During your preoperative eye exam and consultation, your surgeon will help you choose the best IOL for you. Let's explore some of these options:

Intraocular Lens Options

The various intraocular lenses include:

Aspheric Monofocal IOLs

Conventional IOLs have a spherical optical design, which means that the front surface is uniformly curved from the center of the lens to the periphery. Although a spherical IOL is easy to create, it doesn't mimic the eye's natural curvature, as the eye's natural lens is aspheric (not spherical).

Why is this distinction important? A spherical IOL can lead to minor optical imperfections or higher-order aberrations (HOAs). These HOAs often affect vision quality, especially in low-light situations such as night driving.

However, premium [aspheric IOLs](#) closely match the lenses' natural shape and optical quality. Using aspheric IOLs provides sharper vision in low light and for people with large pupils.

The most popular, FDA-approved aspheric IOLs available in the USA include Tecnis (Johnson & Johnson Vision), enVista (Bausch + Lomb), and AcrySof IQ (Alcon).

Toric IOLs

These premium intraocular lenses correct astigmatism, myopia, and hyperopia. [Toric IOLs](#) can correct astigmatism since they have varying powers in different meridians in each lens. They also have alignment markings on the lens' periphery that help the surgeon adjust the lens' orientation inside the eye for the best astigmatism correction.

Just before the cataract surgery, the surgeon puts temporary markings on the patient's cornea to indicate the location of the most curved meridian at the front of the eye. When

the surgeon implants the toric IOL during surgery, they rotate it to ensure proper alignment with the corneas' markings to ensure optimal vision correction.

What did surgeons do before toric lenses were available? Cataract surgeons performed limbal relaxing incisions (LRI) to correct astigmatism during and after surgery. During LRI, the surgeon makes small incisions at opposite ends of the cornea and close to the junction between the cornea and surrounding sclera (or white area of the eye). Once these incisions begin healing, the cornea becomes more spherical, which reduces or eliminates astigmatism.

In some instances (even when toric IOLs are implanted) LRI may still be needed to completely correct astigmatism post-surgery. However, in such cases, the degree of astigmatism remaining after the toric IOL implantation is far less and easier to correct with LRI.

LRI incisions are now more precise and frequently performed during laser-assisted cataract surgery.

The FDA-approved toric IOLs available in the USA include Tecnis Toric (Johnson & Johnson Vision), AcrySof IQ Toric (Alcon), and enVista Toric (Bausch + Lomb).

Accommodating IOLs

Although we have not used them for several years, the conventional spherical IOLs are monofocal lenses designed to give clear vision at a single focal point. However, you would need to wear eyeglasses or contact lenses to read, use a computer, or perform other detailed tasks within arm's length.

In contrast, [accommodative IOLs](#) are premium intraocular lenses. Their aspheric design and flexible haptics (or supporting legs holding the IOL in place within the eye) extend the range of clear vision. These flexible legs enable the accommodating IOL to move forward slightly to help you focus on near objects. This action increases the eye's focusing power to offer better near vision compared to the conventional lens.

Accommodating IOLs may not offer the same degree of magnification for near-vision patients as do multifocal IOLs. However, many people find that these premium IOLs significantly reduce their need for reading or computer glasses post-surgery. These accommodative IOLs provide very clear distance vision similar to the one provided by monofocal IOLs.

Some popular accommodating IOLs available in the USA include Crystalens AO and Trulign Toric IOL, both made by Bausch + Lomb. The Trulign Toric lens corrects astigmatism as well as presbyopia.

Multifocal IOLs

[Multifocal IOLs](#) are another type of presbyopia-correcting IOLs that may reduce your need for reading or computer glasses post-surgery, but these have also not been used in our clinic since 2016.

Similar to multifocal contacts, these multifocal IOLs provide enhanced magnification in various sections of the lens to improve the range of vision. Therefore, you will be able to see objects clearly at all distances even without contacts and glasses.

Some studies have indicated that multifocal IOLs often provide better vision than that arising from accommodating IOLs. However, they will likely cause glares or slightly blurred distance vision.

Your surgeon can help you determine if you're a good candidate for multifocal IOLs during your preoperative exam and consultation.

The popular FDA-approved multifocal IOLs include Tecnis Multifocal (Johnson & Johnson Vision) and AcrySof IQ ReSTOR (Alcon).

[Your cataract surgeon](#) can comprehensively evaluate your unique needs during your preoperative exam and consultation and help you select the best combination of premium IOLs for a great outcome.

How to Source the Best Intraocular Lenses: Panoptix Trifocal and Symphony (EDOF)



URL: https://cdn.pixabay.com/photo/2013/05/20/05/32/option-112225_960_720.jpg

Alt image tag: Let's discuss how to source the best intraocular lenses.

Image filename: how-to-source-the-best-intraocular-lenses

The good news is that your cataract surgeon will know the best intraocular lenses for you. However, there are other considerations to bear in mind, such as the cost of these premium IOLs.

Cost of IOLs

These high-quality IOLs have extra features not found in conventional monofocal IOLs and often cost more. Unfortunately, health insurance companies don't consider these IOLs as medical necessities. This means you have to pay extra out-of-pocket for your cataract surgery containing premium IOLs.

Medicare and private health and vision insurance policies often cover the cost of cataract surgery (including the cost of a conventional monofocal IOL). A deductible amount may be necessary, depending on your policy.

If you select a premium IOL you would typically need to pay the cost difference between a conventional monofocal IOL versus the premium IOL. This out-of-pocket expense could range between \$1500 to \$4000 per eye (or more). It all depends on the IOL type and if you should opt for advanced laser cataract surgery as well.

To fully comprehend your cataract surgery costs and coverage, you should carefully check the terms of your insurance policy before going for surgery. You should also ask many cost-related questions at your ophthalmologist's and cataract surgeon's offices. This will help you avoid unpleasant financial shocks post-surgery.

Which Type of Artificial IOL Can You Afford?

Not all types of IOLs are covered by insurance, but Medicare and many insurance companies cover the cost of the standard IOL, the monofocal lens. These lenses have been in use for decades and are the most popular types.

Other types of IOLs (for example, multifocal, EDOF, and accommodative IOLs) may also decrease the reliance on glasses and contacts. However, the ability to read and complete other tasks without wearing glasses will vary from one person to the next. The premium IOLs are more expensive than monofocals and aren't completely covered by insurance.

Do You Rely on Near Vision to Complete Daily Activities?

You may spend a lot of time working on your computer and digital devices. Or, you may be nearsighted and like to read without glasses. Your surgeon may set the monofocal IOL for near vision and have you wear glasses for distance activities such as watching TV and driving.

Do You Often Drive at Night?

It's best to avoid multifocal, trifocal, or EDOF IOLs if you frequently night drive. The side effects could include glare, halos around light sources, dull or blurry vision, and may occur when these lenses are exposed to low-light or night conditions. Many people adapt to these effects, but for those who frequently night drive, then monofocal IOLs are best.

What's the Degree of Your Astigmatism?

Astigmatism means that the cornea, the clear, front window of the eye, is not uniformly curved (like a basketball), but it's football-shaped. This misshapen cornea distorts near and distant vision. Patients with moderate to high astigmatism benefit the most from toric IOLs.

Furthermore, limbal relaxing incisions (LRI) can also minimize astigmatism. This procedure can be performed during cataract surgery or separately. Kindly note that insurance may not completely cover toric IOLs or LRI.

Do You Suffer From Other Eye Conditions?

Trifocal, multifocal and EDOF lenses are often not recommended for people suffering from vision loss arising from glaucoma, macular degeneration, and other eye conditions. These IOLs may allow less light into the eye which may make it more difficult to manage vision loss. In such cases, if the patient desires to avoid glasses, other options could be available.

Frequently Asked Questions



URL: https://cdn.pixabay.com/photo/2020/03/22/17/47/scrabble-4957948_960_720.jpg

Alt image tag: FAQ about intraocular lens options

Image filename: frequently-asked-questions-intraocular-lens-options

Let's discuss some FAQs about life after cataract surgery:

Can You Replace IOLs?

IOLs are removable and replaceable - but it's rarely necessary. The most common reason to remove a lens is often an incorrect power. Also, if an IOL shifts out of position within the eye, it will require replacement.

What if My Eyes Remain Blurry and Sun-Sensitive Two Months Post-Surgery?

You may need to wear sunglasses for at least two months post-surgery before overcoming this light sensitivity. Prolonged light sensitivity may also indicate an underlying issue such as increased inflammation. In such instances, you would need prescription eye drops to treat the issue.

Should I Wear My Old Glasses Post-Surgery?

While your old glasses are safe to wear, they may not be very comfortable so you may not want to wear them. After surgery, your vision will be far more improved (especially distance vision) and you would want matching glasses.

Contact Ophthalmic Consultants

Your surgeon will help you navigate all the intraocular lens options available on the market. Choose [Ophthalmic Consultants](#) for all your eye health needs. Let's talk!

[BOOK YOUR APPOINTMENT](#)